Name: Address:

MEDICAL CLAIMS CONCILIATION PANEL OFFICE OF ADMINISTRATIVE HEARINGS DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS STATE OF HAWAI'I

In the Matter of the Claim of) MCCP No
) NOTICE OF HEARING AND) REQUIRED SUBMITTALS)
Claimant,)))
VS.)))
Respondent.))))
	CE OF HEARING UIRED SUBMITTALS
TO:	

YOU ARE HEREBY NOTIFIED that a claim against the above-captioned Respondents has been filed with the Medical Claims Conciliation Panel program ("MCCP") by the above-identified Claimant. A copy of the Claim is attached hereto for the Respondents.

YOU ARE FURTHER NOTIFIED that pursuant to Hawai'i Revised Statutes ("HRS") §671-11, et seq., the hearing on this claim has been scheduled before the MCCP Panel as follows:

DATE:	
TIME:	
PLACE:	

The site of the hearing may be changed by the Panel, and if the location of the hearing is changed by the Panel, the Panel will notify the parties.

All parties are required to attend the hearing, unless excused by the MCCP, and the parties may be represented by legal counsel or a representative.

The hearing shall be informal, and Hawai'i Revised Statutes ("HRS") Chapters 91 and 92 are not applicable. As part of its review of this claim, the MCCP Panel will make inquiry into the facts alleged by reviewing hospital or other medical records pertaining to the claimant, questioning the claimant or the claimant's representative(s) as well as the respondent(s) health care providers and by asking questions of the party or any party's medical consultants. The panel may permit a party or the party's representative to question other parties, witnesses or consultants.

After the Panel hears the presentations of the parties, the Panel will render an advisory opinion on the issue of liability, and if liability is found, on the amount of damages, if any.

Under the provisions of HRS §671-18, the filing of the above-referenced claim will toll the applicable statute of limitations for sixty (60) days following the date the Panel's decision is mailed or delivered to the parties, or for a maximum of eighteen (18) months from the date the claim was filed with the MCCP, whichever event occurs first.

THE PARTIES ARE FURTHER NOTIFIED of the following required documents that must be filed with the MCCP:

A. <u>Claimant's Required Submittals</u>

- 1. Claimant's Medical Records. Within thirty (30) days from the date of this Notice, the Claimant must file with the MCCP, <u>four</u> copies of all pertinent medical records (with pages numbered) along with a list of the medical records that Claimant intends to use at the hearing. The Claimant shall also send a copy of the list of the medical records to Respondent or Respondent's attorney.
- **Claimant's Prehearing Statement**. The Claimant must file a pre-hearing statement (original and three copies) with the MCCP, not later than thirty (30) days

prior to the date of the hearing. Claimant shall also send copies of the prehearing statement to Respondent or Respondent's attorney. A copy of the format for the prehearing statement is attached hereto.

В. **Respondent's Required Submittals**

- 1. Respondent's Written Response to Claim and Filing Fee. Within twenty (20) days from the receipt of this Notice, Respondent must file a written response to this claim (original and three copies) with the MCCP along with the required \$450.00 filing fee per Respondent by check made payable to: Department of Commerce and Consumer Affairs. A copy of the response must also be sent to the Claimant or if Claimant is represented by counsel, to Claimant's counsel.
- 2. Respondent's Responsive Prehearing Statement. Respondent must file a responsive pre-hearing statement (original and three copies) with the MCCP within two (2) weeks from the receipt of the Claimant's prehearing statement. Respondent shall also send copies of the prehearing statement to Claimant or Claimant's attorney. A copy of the format for the prehearing statement is attached hereto.

The MCCP can be reached at 586-2823, or via fax at 586-3097. Documents that must be filed cannot be submitted via fax. Correspondence and documents may be sent or delivered to the MCCP at:

mail: Medical Claims Conciliation Panel delivery: Medical Claims Conciliation Panel

Department of Commerce Department of Commerce and Consumer Affairs and Consumer Affairs

P. O. Box 541 250 South King Street, Penthouse Honolulu, Hawai'i 96813 Honolulu, Hawai'i 96809

DATED: Honolulu, Hawai'i,

RODNEY A. MAILE

Senior Hearings Officer Department of Commerce and Consumer Affairs